

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 0-876)**

APPLICANT(S) 09/48962

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1	X					
2		X				
3		X				
4		X				
5		X				
6		X				
7		X				
8		X				
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50						
TOTAL	2		2			
TOTAL	8		8			
TOTAL	10		10			

	INO.		DEF.		INO.		DEF.	
	INO.	DEF.	INO.	DEF.	INO.	DEF.	INO.	DEF.
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TOTAL								
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CLAIMS ONLY

SERIAL NO

097486962

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS